

Credit Card Authorization

I _____ do hereby authorize RUSASW
Printed Name
to charge my credit card.

SIGNATURE

DATE

Amount being charged: \$ 50.00-Bi-Monthly

Account Number:

(MC/V/AMEX only)

Name on Card _____

Billing Address (city/zip) _____

Expiration Date _____ **(required)**

Please automatically charge my credit card every quarter for my monthly rent. The rent is due on the 1st day every other month (Jan/Mar/May/Jul/Sept/Nov). If my rent is left unpaid more than 15 days past the due date, then a \$25.00 late fee will be charged to my credit card. _____ Initial

I agree to maintain current credit card information on file with RUSA for my quarterly rent. If my credit card information changes, I agree to fax RUSA an updated Credit Card Authorization form. _____ Initial

If I fail to pay any "Take Out of First Closing" payments as agreed to on my agent contract or pay any outstanding fines or fees, RUSA will deduct the amount I owe from my credit card. _____ Initial



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